



05-19-04

AF/3738

Application No. (if known): 09/508,499

Attorney Docket No.: 01115/000G778-US0

Certificate of Express Mailing Under 37 CFR 1.10


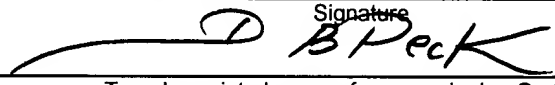
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

EV418265741-US

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on May 17, 2004
Date


RECEIVED
MAY 24 2004
TECHNOLOGY CENTER #3700


Signature

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page);
Response to Office Action (9 pages); and
Return Postcard



AMENDMENT TRANSMITTAL LETTER				Docket No. 01115/000G778-US0	
Application No. 09/508,499-Conf. #1189		Filing Date April 12, 2000		Examiner T. C. Barrett	
				Art Unit 3738	
Applicant(s): Alan F. Merry					
Invention: CODING OF SYRINGES TO MONITOR THEIR USE					
<p align="center">TO THE COMMISSIONER FOR PATENTS</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	35	- 41 =		x	0.00
Independent Claims	4	- 4 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Chanah Brenenson Attorney Reg. No.: 47,442				Dated: <u>May 17, 2004</u>	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7766					

RECEIVED
MAY 24 2004
TECHNOLOGY CENTER R3700

